

SERFF Tracking Number:	METD-126533501	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company	State Tracking Number:	45860
Company Tracking Number:	EMASBR-62-10 - MET		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	SBR Application for Life Insurance		
Project Name/Number:	SBR Applications /EMASBR-62-10		

## Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: SBR Application for Life Insurance      SERFF Tr Num: METD-126533501      State: Arkansas

TOI: L08 Life - Other      SERFF Status: Closed-Approved- Closed      State Tr Num: 45860

Sub-TOI: L08.000 Life - Other      Co Tr Num: EMASBR-62-10 - MET      State Status: Approved-Closed

Filing Type: Form      Reviewer(s): Linda Bird

Authors: Patricia Crowley, Karen Poor      Disposition Date: 06/14/2010

Date Submitted: 06/03/2010      Disposition Status: Approved-Closed

Implementation Date Requested:      Implementation Date:

State Filing Description:

## General Information

Project Name: SBR Applications  
 Project Number: EMASBR-62-10  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 06/14/2010

Status of Filing in Domicile: Authorized  
 Date Approved in Domicile: 05/19/2010  
 Domicile Status Comments:  
 Market Type: Individual  
 Group Market Size:  
 Group Market Type:  
 Explanation for Other Group Market Type:  
 State Status Changed: 06/14/2010  
 Created By: Patricia Crowley  
 Corresponding Filing Tracking Number:

Deemer Date:  
 Submitted By: Tricia St. John  
 Filing Description:  
 RE: Metropolitan Life Insurance Company  
 NAIC # 241-65978 FEIN # 13-5581829

MetLife Insurance Company of Connecticut  
 NAIC # 241-87726 FEIN # 06-0566090

Individual Life Application Filing

SERFF Tracking Number:	METD-126533501	State:	Arkansas
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Forms: EMASBR-62-10 Master Application for Life Insurance  
ENBSBR-63-10 Application for Life Insurance  
EMEDSBR-64-10 Part II: Underwriting Supplement  
CFND-4-10 Variable Life Supplement  
MFNDSBR-4-10 Variable Life Supplement

Enclosed are the above referenced forms that are being filed on behalf of the above companies.

The above application forms are enclosed for your review and approval. These are new forms that will not replace existing forms. These forms will be implemented once the computer data collection system for these forms is available. The forms are in final print and for actual field use, subject only to minor modifications in paper size, stock, ink, border, company logo and adaptation to computer printing. These application forms are being submitted as duplex forms. However, they may appear in the policy single-sided especially if they are faxed to us.

Where applicable, we have bracketed as variable information the company names on the multi-company forms. This will allow us to remove a company that ceases to sell new business without refilling them. We assure you that the only variability to the list of companies is the ability to remove a company name; no new insurer will be added to the application without refilling the application for all companies.

All of these forms will always be attached to a policy and would never be stand alone forms nor would they be given to the applicant unless attached to a policy. According to state regulations the policy cover page must include the company name and address. Since all of these forms will always be attached to a policy, we feel that we are still in compliance with state regulations with only listing the company names on these forms.

The following three forms are multi-company forms where we have listed the all of the company names that will use these forms. We have included instructions where the agent will check off the appropriate company name. These identical forms are being filed separately for each applicable company.

1. Master Application for Life Insurance, form EMASBR-62-10, will be used when applying for life insurance in the corporate owned life insurance market. It can be used to apply for insurance on multiple insureds using an Appendix to gather the required information on each insured. We have bracketed the following references in order to provide flexibility in updating these areas without refilling: the reference to Federal law and special needs clients in Section III; the riders/benefits in Section IV; the timeframes in the Actively at Work Information section; the fraud warnings under the Fraud Warnings section as states add or revise fraud warning requirements; and the definition of Guaranteed Issue Non-Smoker at the bottom of Schedule A.

2. Application for Life Insurance, form ENBSBR-63-10, will be used when applying for life insurance. We have bracketed

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Product Name: SBR Application for Life Insurance  
Project Name/Number: SBR Applications /EMASBR-62-10

the following references in order to provide flexibility in updating these areas without refilling: the reference to Federal law and special needs clients in Section III; the riders/benefits in Section IV; the timeframes in the General Risk Questions section; and the fraud warnings under the Fraud Warnings section as states add or revise fraud warning requirements.

3. Part II - Underwriting Supplement, form EMEDSBR-64-10, will be used when medical underwriting is needed. This supplemental form will always be used in conjunction with an approved application for life insurance. We have bracketed the timeframes in certain questions in order to provide flexibility in updating these areas without refiling.

The following form is only available for Metropolitan Life Insurance Company:

- Variable Life Supplement, form MFNDSBR-4-10 is a supplement that contains fund selections. This supplement will always be used in conjunction with an approved life application. We have bracketed the funds to provide flexibility in updating the list of funds without refiling. Since this form will be used with a security subject to federal jurisdiction, it is exempt from readability requirements.

The following form is only available for MetLife Insurance Company of Connecticut:

- Variable Life Supplement, form CFND-4-10 is a supplement that contains fund selections. This supplement will always be used in conjunction with an approved life application. We have bracketed the funds to provide flexibility in updating the list of funds without refiling. Since this form will be used with a security subject to federal jurisdiction, it is exempt from readability requirements.

If you have any questions or need further information, please contact me at the number or e-mail address below.

Sincerely,

Karen L. Poor

Enclosures: Readability Certificate; Certification

## Company and Contact

### Filing Contact Information

Karen Poor, Senior Contract Consultant KPoor@metlife.com  
501 Boylston Street 617-578-4730 [Phone]  
Boston, MA 02116 617-578-5505 [FAX]

### Filing Company Information

Metropolitan Life Insurance Company CoCode: 65978 State of Domicile: New York  
200 Park Avenue Group Code: 241 Company Type: Life

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 Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45860  
 Company Tracking Number: EMASBR-62-10 - MET  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: SBR Application for Life Insurance  
 Project Name/Number: SBR Applications /EMASBR-62-10  
 New York, NY 10166 Group Name: MetLife Group State ID Number:  
 (617) 578-2000 ext. [Phone] FEIN Number: 13-5581829  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$80.00  
 Retaliatory? No  
 Fee Explanation: Since NY does not have a fee, we are sending \$20 for each form.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$80.00	06/03/2010	36967566
Metropolitan Life Insurance Company	\$120.00	06/03/2010	36983411

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Product Name:	SBR Application for Life Insurance		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/14/2010	06/14/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/03/2010	06/03/2010	Tricia St. John	06/03/2010	06/03/2010

<i>SERFF Tracking Number:</i>	<i>METD-126533501</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>EMASBR-62-10 - MET</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>SBR Application for Life Insurance</i>		
<i>Project Name/Number:</i>	<i>SBR Applications /EMASBR-62-10</i>		

## Disposition

Disposition Date: 06/14/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<i>Company Tracking Number:</i>	<i>EMASBR-62-10 - MET</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>SBR Application for Life Insurance</i>		
<i>Project Name/Number:</i>	<i>SBR Applications /EMASBR-62-10</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Certification of Compliance		Yes
<b>Form</b>	Master Application for Life Insurance		Yes
<b>Form</b>	Application for Life Insurance		Yes
<b>Form</b>	Part II: Underwriting Supplement		Yes
<b>Form</b>	Variable Life Supplement		Yes

*SERFF Tracking Number:*      *METD-126533501*      *State:*      *Arkansas*  
*Filing Company:*      *Metropolitan Life Insurance Company*      *State Tracking Number:*      *45860*  
*Company Tracking Number:*      *EMASBR-62-10 - MET*  
*TOI:*      *L08 Life - Other*      *Sub-TOI:*      *L08.000 Life - Other*  
*Product Name:*      *SBR Application for Life Insurance*  
*Project Name/Number:*      *SBR Applications    /EMASBR-62-10*

## **Objection Letter**

Objection Letter Status      Pending Industry Response  
Objection Letter Date      06/03/2010  
Submitted Date      06/03/2010  
Respond By Date      07/05/2010

Dear Karen Poor,

    This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$120.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

<i>SERFF Tracking Number:</i>	<i>METD-126533501</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45860</i>
<i>Company Tracking Number:</i>	<i>EMASBR-62-10 - MET</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>SBR Application for Life Insurance</i>		
<i>Project Name/Number:</i>	<i>SBR Applications /EMASBR-62-10</i>		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/03/2010
Submitted Date	06/03/2010

Dear Linda Bird,

### Comments:

### Response 1

Comments: I apologize for the error in filing fee calculation. I have submitted an additional \$120 via EFT as you requested. Thank you.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$120.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Karen Poor, Patricia Crowley

SERFF Tracking Number: METD-126533501 State: Arkansas

Filing Company: Metropolitan Life Insurance Company State Tracking Number: 45860

Company Tracking Number: EMASBR-62-10 - MET

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: SBR Application for Life Insurance

Project Name/Number: SBR Applications /EMASBR-62-10

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	EMASBR-62-10	Application/Master Application Enrollment for Life Insurance Form	Initial		51.200	EMASBR-62-10 FINAL FOR PRINT.pdf
	ENBSBR-63-10	Application/ Application for Life Enrollment Insurance Form	Initial		57.700	ENBSBR-63-10 FINAL WORD.pdf
	EMEDSBR-64-10	Application/Part II: Underwriting Enrollment Supplement Form	Initial		60.100	EMEDSBR-64-10 FINAL WORD.pdf
	MFNDSBR-4-10	Application/Variable Life Enrollment Supplement Form	Initial		0.000	MFNDSBR-4-10 FINAL WORD.pdf



## Master Application For Life Insurance

**Company** (Check the appropriate ONE)

The Company indicated in this section is referred to as **"the Company"**.

<input type="checkbox"/>	Metropolitan Life Insurance Company
<input type="checkbox"/>	MetLife Insurance Company of Connecticut

### SECTION I – Corporation Information

Name of Corporation		Corporation Tax ID #	
Address of Corporation		City	State Zip

### SECTION II– Owner Information


**OWNER:** ☐ Check here if same as Corporation.

For Owners who are **NOT** the Corporation, please complete below.

Name of Owner		Owner Tax ID #	
Address of Owner		City	State Zip

If Trust Owner, complete Trust Certification Form.

### SECTION III – Beneficiary / Beneficiaries Information

 Federal law states that if someone with special needs has assets over \$2,000 they may lose eligibility for government benefits.

**BENEFICIARY:** ☐ Check here if the Owner is the Primary Beneficiary.

For Primary Beneficiaries who are **NOT** the Owner, please complete below.

Primary: Name

### SECTION IV – Proposed Coverage Information

#### Metropolitan Life Insurance Company:

Variable Universal Life Policy:

Product Name: \_\_\_\_\_

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Term Rider                                 |
| <input type="checkbox"/> | Interim Term Insurance Benefit (ITB)       |
| <input type="checkbox"/> | Enhanced Cash Surrender Value Rider (ECSV) |
| <input type="checkbox"/> | Other _____                                |

Universal Life Policy

Product Name: \_\_\_\_\_

- |                          |                                      |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Interim Term Insurance Benefit (ITB) |
| <input type="checkbox"/> | Other _____                          |

#### MetLife Insurance Company of Connecticut:

Variable Universal Life Policy:


Product Name: \_\_\_\_\_

- |                          |                        |
|--------------------------|------------------------|
| <input type="checkbox"/> | Term Rider             |
| <input type="checkbox"/> | Cash Value Enhancement |
| <input type="checkbox"/> | Other _____            |

Premium Payment Mode: ☐ Single ☐ Annual If other please specify: \_\_\_\_\_

In connection with this application, has there been, or will there be with this or any other company any: surrender transaction; loan; withdrawal; lapse; reduction or redirection of premium/consideration; or change transaction (except conversions) involving an annuity or other life insurance?

☐ Yes ☐ No

 If **YES**, complete **Replacement Questionnaire** AND any other state required replacement forms or 1035 exchange forms.

## SECTION V– Special Instructions

If more space is needed, attach additional sheet(s).

## SECTION VI – Actively At Work Information

As of the date you sign the application, have the Proposed Insured(s) listed on the attached Schedule A:

- a. been currently engaged in active work on a full-time basis performing all duties of their regular occupation at their customary place of employment? A person will be deemed to be actively at work during weekends or corporation approved vacations, holidays or business closures if such person was actively at work on the last scheduled workday preceding such time off.

☐ Yes ☐ No

If **NO**, please explain. \_\_\_\_\_

- b. during the [90] days immediately prior to the date of this application, been hospitalized or otherwise absent from work (for example, due to illness, accident or medical treatment but excluding vacations, holidays or other business closures) for more than [five] consecutive days?

☐ Yes ☐ No

If **YES**, please explain. \_\_\_\_\_

### Additional Information:

## Agreement / Disclosure

I, the Owner, have read this application for life insurance, including the attached Schedule A, including any amendments and supplements and to the best of my knowledge and belief, all statements are true and complete. I also agree that:

- My statements in this application, including the attached Schedule A, and any amendment(s) and supplement(s) are the basis of any policy issued.
- This application, including the attached Schedule A, and any amendment(s) and supplement(s) to this application will be attached to and become part of the new policy.
- No information will be deemed to have been given to the Company unless it is stated in this application, including the attached Schedule A and supplement(s).
- Only the Company's President, Vice-President or Secretary may: (a) make or change any contract or insurance; (b) make a binding promise about insurance; or (c) change or waive any term of an application, receipt, or policy.
- No insurance will take effect until the required documentation and the full first premium due is paid.
- I understand that paying my insurance premiums more frequently than annually may result in different cash values.
- **If I intend to replace existing insurance or annuities, I have so indicated in the appropriate section of the application.**
- **I have received the Company's Privacy Notice and the Life Insurance Buyer's Guide.**
- All or part of the information, records and data that the Company receives may also be disclosed to and used by: any reinsurer; any Company employee; or any affiliate or independent contractor who performs a business service for the Company on the insurance applied for or on existing insurance with the Company. Information may also be disclosed as otherwise required or permitted by applicable laws.

## Fraud Warnings

### Arkansas, Kentucky, Louisiana, New Mexico, Ohio, Oklahoma

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

### District of Columbia, Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

## Owner Representations

(For Corporate, Trust and other Owners)

The Owner hereby represents to the Company that based upon applicable law, it has sufficient insurable interest in the lives of the Proposed Insured(s) to support issuance of the life insurance Policy(ies) applied for. The Owner further represents that it has sought legal counsel with respect to the facts and issues surrounding such issuance. The Owner has obtained the written consent of each Proposed Insured and has complied with all applicable laws. The Owner acknowledges that the Company is issuing the life insurance Policy(ies) applied for in reliance on these representations

## Signatures

Print Name of Authorized Signatory of Corporation Trust

Signature of Authorized Signatory of Corporation Trust

Date

Signed at City, State



Title

Print Name of Witness

Witness Signature

Date





Name of Corporation

### Schedule A:

## Schedule of Proposed Insureds

For the Application Dated \_\_\_\_\_

[illegible]

\*To Qualify for Guaranteed Issue Non-Smoker: NO [cigarette smoking or use of nicotine substitutes (e.g. nicotine gum, nicotine patches etc.)] within [12 months] of application. [Cigars, pipes and smokeless tobacco] qualify for Guaranteed Issue Non-Smoker.



Application For Life Insurance

Company (Check the appropriate ONE)

The Company indicated in this section is referred to as "the Company".

☐ Metropolitan Life Insurance Company

☐ MetLife Insurance Company of Connecticut

SECTION I – Proposed Insured Information

First Name

Middle Name

Last Name

Permanent Address

City

State

Zip

Country of Legal Residence

Earned Annual Income

Net Worth

Date of Birth

Place of Birth

Social Security Number

Sex

☐ Male

☐ Female

☐ U.S. Driver's License

If not licensed, please indicate other form of ID:

☐ Passport

☐ Government Issued Photo ID

Issuer of ID (State, Country)

ID Number

Issue Date (if any)

Expiration Date (if any)

NON U.S. CITIZENS ONLY - Country of Citizenship

Green Card/Visa Type

Expiration Date

Country of Permanent Residence

ID Number

Years in the U.S.

Name of Employer

Address of Employer

City

State

Zip

Work Address (if different than Address of Employer)


City

State

Zip

Title/Duties

SECTION II – Owner Information

 Complete **ONLY** if the Owner is **NOT** the Proposed Insured.

☐ **OWNER - TRUST / BUSINESS ENTITY** - Name of Entity

Tax ID Number

Trustee / Owner State

If Trust Owned complete Trust Certification Form.

☐ **OWNER – OTHER INDIVIDUAL**

First Name

Middle Name

Last Name

Address of Owner

City

State

Zip

Country of Legal Residence

Earned Annual Income

Net Worth

Relationship to Proposed Insured

Owner SSN or Tax ID

Please indicate form of ID:

☐ U.S. Driver's License

☐ Passport

☐ Government Issued Photo ID

Issuer of ID (State, Country)

ID Number

Issue Date (if any)

Expiration Date (if any)

**SECTION III – Beneficiary / Beneficiaries Information**

☐ Check here if the Owner is the Primary Beneficiary.

For Primary or Contingent Beneficiaries who are NOT the Owner, complete the table below.

Beneficiary Type	Name (First, Middle, Last)	Date of Birth	Relationship to Proposed Insured	Social Security Number (Optional)	Percentage of Proceeds (if not equal)
<input type="checkbox"/> Primary					
<input type="checkbox"/> Primary					
<input type="checkbox"/> Primary					
<input type="checkbox"/> Contingent					
<input type="checkbox"/> Contingent					
<input type="checkbox"/> Contingent					

Is the Beneficiary designation irrevocable? ☐ Yes ☐ No

**⚠** Federal law states that if someone with special needs has assets over \$2,000 they may lose eligibility for government benefits.

**SECTION IV – Proposed Coverage Information****Metropolitan Life Insurance Company:**Variable Universal Life Policy:

Product Name: \_\_\_\_\_

Total Face Amount: \$ \_\_\_\_\_

Base Face Amount: \$ \_\_\_\_\_

☐ Term Rider \_\_\_\_\_ Term Ratio: \_\_\_\_\_  
Face Amount: \$ \_\_\_\_\_

☐ Interim Term Insurance Benefit (ITB)

☐ Enhanced Cash Surrender Value Rider (ECSV)

☐ Other \_\_\_\_\_

Universal Life Policy

Product Name: \_\_\_\_\_

Total Face Amount: \$ \_\_\_\_\_

☐ Interim Term Insurance Benefit (ITB)

☐ Other \_\_\_\_\_

**MetLife Insurance Company of Connecticut:**Variable Universal Life Policy:

Product Name: \_\_\_\_\_

Total Face Amount: \$ \_\_\_\_\_

Base Face Amount: \$ \_\_\_\_\_

☐ Term Rider \_\_\_\_\_ Term Ratio: \_\_\_\_\_  
Face Amount: \$ \_\_\_\_\_

☐ Cash Value Enhancement

☐ Other \_\_\_\_\_

Initial Premium \$ \_\_\_\_\_ Planned Premium \$ \_\_\_\_\_

Premium Payment Mode: ☐ Single ☐ Annual If other please specify: \_\_\_\_\_

Death Benefit Option: \_\_\_\_\_ Definition of Life Insurance: ☐ Guideline Premium Test ☐ Cash Value Accumulation Test

**SECTION V – Special Instructions**

If more space is needed, attach additional sheet(s).

**SECTION VI – Payment Information****PREMIUM PAYOR**☐ Proposed Insured ☐ Owner (If NOT the Proposed Insured.) ☐ Other (Complete the box below.)

Other Premium Payor Name	Social Security or Tax ID Number	Relationship to Proposed Insured or Owner	
Reason this Person/Entity is the Payor			
Permanent Address	City	State	Zip

**SOURCE OF CURRENT AND FUTURE PAYMENTS** (Check **ALL** that apply.)

<input type="checkbox"/> Corporate Assets	<input type="checkbox"/> Mutual Fund/Brokerage Account	<input type="checkbox"/> Savings
<input type="checkbox"/> Earned Income	<input type="checkbox"/> Money Market Fund	<input type="checkbox"/> Loans
<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Use of Values in another Life Insurance/Annuity Contract	<input type="checkbox"/> Other _____

**SECTION VII – Existing or Applied for Insurance**

Does the Proposed Insured or Owner have any existing or applied for life insurance or annuities with this or any other company?	Proposed Insured	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Owner	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If **YES**, please provide details of any existing or applied for **Life** Insurance on the **Proposed Insured only**.

Company	Amount of Insurance	Year of Issue	Status	
			<input type="checkbox"/> Existing	<input type="checkbox"/> Applied For
			<input type="checkbox"/> Existing	<input type="checkbox"/> Applied For
			<input type="checkbox"/> Existing	<input type="checkbox"/> Applied For
			<input type="checkbox"/> Existing	<input type="checkbox"/> Applied For

In connection with this application, has there been, or will there be with this or any other company any: surrender transaction; loan; withdrawal; lapse; reduction or redirection of premium/consideration; or change transaction (except conversions) involving an annuity or other life insurance?

☐ Yes ☐ No If **YES**, complete **Replacement Questionnaire** AND any other state required replacement forms or 1035 exchange forms.

## SECTION VIII – General Risk Questions

Has the Proposed Insured smoked/used cigarettes or nicotine substitutes (e.g. nicotine gum, nicotine patches, etc.) within the last [12 months] of this application? If **YES**, please provide details.

☐ Yes ☐ No

Product(s)	Frequency/Amount	Date Last Used

As of the date you sign the application, has the Proposed Insured:

**a.** been currently engaged in active work on a full-time basis performing all duties of his/her regular occupation at his/her customary place of employment? A person will be deemed to be actively at work during weekends or policyholder approved vacations, holidays or business closures if such person was actively at work on the last scheduled workday preceding such time off.

☐ Yes ☐ No

If **NO**, please explain.

**b.** during the [90] days immediately prior to the date of this Application, been hospitalized or otherwise absent from work (for example, due to illness, accident or medical treatment but excluding vacations, holidays or other business closures) for more than [five] consecutive days?

☐ Yes ☐ No

If **YES**, please explain.

**Additional Information:** If more space is needed, attach additional sheet(s).

## Agreement / Disclosure

I have read this application for life insurance including any amendments and supplements and to the best of my knowledge and belief, all statements are true and complete. I also agree that:

- My statements in this application and any amendment(s), paramedical/medical exam and supplement(s) are the basis of any policy issued.
- This application and any amendment(s), paramedical/medical exam, and supplement(s) to this application will be attached to and become part of the new policy.
- No information will be deemed to have been given to the Company unless it is stated in this application, paramedical/medical exam, and supplement(s).
- Only the Company's President, Vice-President or Secretary may: (a) make or change any contract or insurance; (b) make a binding promise about insurance; or (c) change or waive any term of an application, receipt, or policy.
- No insurance will take effect until the required documentation is received by the Company and the full first premium due is paid.
- I understand that paying my insurance premiums more frequently than annually may result in different cash values.
- **If I intend to replace existing insurance or annuities, I have so indicated in the appropriate section of the application.**
- **I have received the Company's Privacy Notice and the Life Insurance Buyer's Guide.**
- **If I was required to sign a Notice of Consent for HIV Testing, I have received a copy of that Notice.**
- All or part of the information, records and data that the Company receives may also be disclosed to and used by: any reinsurer; any Company employee; or any affiliate or independent contractor who performs a business service for the Company on the insurance applied for or on existing insurance with the Company. Information may also be disclosed as otherwise required or permitted by applicable laws.

## Fraud Warnings

### Arkansas, Kentucky, Louisiana, New Mexico, Ohio, Oklahoma

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

### District of Columbia, Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

## Owner Representations

(For Corporate, Trust and other Owners who are not the Proposed Insured)

The Owner hereby represents to the Company that based upon applicable law, it has sufficient insurable interest in the life of the Proposed Insured to support issuance of the life insurance Policy applied for. The Owner further represents that it has sought legal counsel with respect to the facts and issues surrounding such issuance. The Owner acknowledges that the Company is issuing the life insurance Policy(ies) applied for in reliance on these representation

## Taxpayer Identification Number Certification

Under penalties of perjury, I, the Owner, certify that:

- The number shown in this application is my correct taxpayer identification number, and I am not subject to backup withholding because:
  - (a) I have not been notified by the IRS that I am subject to backup withholdings as a result of a failure to report all interest or dividends; **or**
  - (b) The IRS has notified me that I am not subject to backup withholding.  
(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)
- I am a U.S. citizen or a U.S. resident alien for tax purposes.  
(If you are not a U.S. citizen or a U.S. resident alien for tax purposes, please cross out this certification and complete form W-8BEN).

❗ **Please note:** The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

## Signatures

Signature of Proposed Insured

Date

Signed at City, State

►

Print Name of Owner if not Proposed Insured

Signature of Owner if not Proposed Insured

Date

Signed at City, State

►

Print Name of Witness

Witness Signature

Date

►

**Part II – Underwriting Supplement**

**Company** (Check the appropriate ONE)

The Company indicated in this section is referred to as **“the Company”**.

- ☐ Metropolitan Life Insurance Company  
☐ MetLife Insurance Company of Connecticut

**This supplement will be attached to and become part of the application with which it is used.**

**SECTION I – Proposed Insured Information**

First Name

Middle Name

Last Name

Home Phone Number

Work Phone Number

Cell Phone Number

Preferred

From

☐ AM

To

☐ AM

Time to Call

☐ PM☐ PM

Best number to call:

☐ Home☐ Work☐ Cell**SECTION II – General Risk Questions**

1. Within the past [three] years has the Proposed Insured flown in a plane other than as a passenger on a commercial airline or does he or she have plans for such activity within the next [year]?

☐ Yes ☐ No

 If **YES**, please complete a separate **Aviation Risk Supplement** form for the Proposed Insured.

2. Within the past [three] years has the Proposed Insured participated in or does he or she plan to participate in **any** of the following?

☐ Yes ☐ No

- Underwater sports – SCUBA diving, skin diving, or similar activities
- Racing sports – motorcycle, auto, motor boat or similar activities
- Sky sports – skydiving, hang gliding, parachuting, ballooning or similar activities
- Rock or mountain climbing or similar activities
- Bungee jumping or similar activities

 If **YES**, please complete a separate **Avocation Risk Supplement** form for the Proposed Insured.

3. Has the Proposed Insured **traveled** or **resided** outside the U.S. or Canada within the **past [two] years**; or does he or she plan to **travel** or **reside** outside the U.S or Canada within the **next [two] years**? If **YES**, please provide details. ☐ Yes ☐ No

Past	Future	Duration (weeks)	Cities and Countries	Purpose
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

4. Has the Proposed Insured **EVER** had a driver's license suspended or revoked, been convicted of DUI or DWI, or in the last five years had any moving violations? If **YES**, please provide date(s) and violation(s).

☐ Yes ☐ No

5. Has the Proposed Insured **EVER** had an application for life, disability income or health insurance declined, postponed, rated or modified or required an extra premium? If **YES**, please provide details.

☐ Yes ☐ No

6. In the past [10] years, has the Proposed Insured been convicted of or pled Guilty or No Contest to a felony? If **YES**, list type of felony, state, and date of occurrence.

☐ Yes ☐ No

7. Is the Proposed Insured actively at work performing the usual duties of his or her occupation? If **NO**, please provide details.

☐ Yes ☐ No

8. Has the Proposed Insured ever smoked/used tobacco or nicotine products (e.g., cigars, cigarettes, cigarillos, pipes, chewing tobacco, nicotine patches, or nicotine gum)? If **YES**, please provide details.

☐ Yes ☐ No

Product(s)	Frequency / Amount	Date Last Used

### SECTION III – Personal Physician

Physician Name

Name of Practice or Clinic

Street Address

City

State

Zip

Phone Number

Date Last Consulted

Reason

Findings / Treatment Given / Medication Prescribed

### SECTION IV – Medical Questions

1. Please provide Proposed Insured's height and weight:

Height (ft. in.)

Weight (lbs.)

Has the Proposed Insured experienced a change in weight greater than [10] pounds in the past [12] months?

☐ Yes ☐ No

If **YES**, please specify:

Pounds Lost

Pounds Gained

Reason

2. Has the Proposed Insured **EVER** been diagnosed, received treatment, or consulted with a health professional for any of the following? If **YES**, please check **ALL** that apply and provide details in table below.

☐ Yes ☐ No

A. ☐ High Blood Pressure

H. ☐ Asthma / Bronchitis

O. ☐ Parkinson's Disease

V. ☐ Lupus

B. ☐ Chest Pain

I. ☐ Emphysema

P. ☐ Alzheimer's Disease

W. ☐ Anemia

C. ☐ Heart Attack

J. ☐ Sleep Apnea

Q. ☐ Memory Loss

X. ☐ Depression / Anxiety

D. ☐ Heart Murmur

K. ☐ Seizures

R. ☐ Colitis

Y. ☐ Eating Disorder

E. ☐ Diabetes

L. ☐ Stroke / TIA

S. ☐ Cirrhosis

F. ☐ High Cholesterol

M. ☐ Paralysis

T. ☐ Hepatitis

G. ☐ Cancer / Tumor / Polyp

N. ☐ Multiple Sclerosis

U. ☐ Arthritis

Letter	Name of Health Professional (Include City & State)	Date / Duration of Illness	Diagnosis / Treatment / Medication

3. Other than as indicated above, has the Proposed Insured **EVER** had any disease or disorder of any of the following? If **YES**, please check **ALL** that apply and provide details in table below.

☐ Yes ☐ No

A. ☐ Heart

G. ☐ Prostate

M. ☐ Thyroid / Other Glands

B. ☐ Arteries / Veins

H. ☐ Reproductive Organs

N. ☐ Eyes

C. ☐ Lungs / Respiratory System

I. ☐ Brain / Nervous System

O. ☐ Ears / Nose / Throat

D. ☐ Gastrointestinal / Digestive System

J. ☐ Blood

P. ☐ Skin

E. ☐ Liver / Pancreas

K. ☐ Lymph Nodes

Q. ☐ Muscles / Bones / Joints

F. ☐ Kidney / Bladder

L. ☐ Immune System

R. ☐ Emotional / Psychological Disorder

Letter	Name of Health Professional (Include City & State)	Date / Duration of Illness	Diagnosis / Treatment / Medication

4. Other than as indicated previously, within the past [five] years, has the Proposed Insured had any illness, injury, surgery, physical exam, consultation, or medical test (e.g. laboratory tests, EKG, etc.) or been a patient in a hospital or other medical facility? ☐ Yes ☐ No
5. Is the Proposed Insured currently receiving any treatment or taking any prescription or nonprescription medications or supplements? ☐ Yes ☐ No
6. Does the Proposed Insured have any surgery, medical tests, treatment or visits with a health professional scheduled in the next [six] months? ☐ Yes ☐ No
7. Has the Proposed Insured ever been diagnosed with or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS)? ☐ Yes ☐ No
8. Has the Proposed Insured ever tested positive for the AIDS Human Immunodeficiency Virus (HIV) or for antibodies to the AIDS (HIV) virus? ☐ Yes ☐ No
9. Has the Proposed Insured ever used cocaine, heroin, or other illicit drugs or controlled substance except as prescribed by a health professional? ☐ Yes ☐ No
10. Has the Proposed Insured ever sought, been advised to seek, or received counseling or treatment for the use of alcohol or drugs from a health professional or support group? ☐ Yes ☐ No

If **YES**, please provide details in table below for Questions 4 - 10.

Number	Name of Health Professional (Include City & State)	Date / Duration of Illness	Diagnosis / Treatment / Medication

## SECTION V – Family History

Has a parent or sibling ever had: heart disease; coronary artery disease; vascular disease; stroke/cerebrovascular disease; diabetes; cancer; or kidney disease? If **YES**, please provide details in table below. ☐ Yes ☐ No

Relationship to Proposed Insured	Age(s) if Living	Age(s) at Death	State of Health (Specific Conditions) or Cause of Death
Father			
Mother			
Sibling			
Sibling			
Sibling			

## SECTION VI – Additional Information

If more space is needed, attach additional sheet(s).

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## Variable Life Supplement

## Metropolitan Life Insurance Company

This supplement will be attached to and become part of the application with which it is used.

## SECTION I – Important Information for the Owner

 Please Read Carefully.

Variable Life Insurance is generally not appropriate for time horizons of less than 10 years. These are long-term insurance products that may have significant short-term surrender charges. Variable Life Insurance is designed to provide death benefit protection while offering the potential for long-term cash accumulation, and may not be appropriate in situations where significant liquidation of assets in the near future may be expected.

**The death benefit may be variable or fixed under specified conditions.**

**The cash value may increase or decrease, even to the extent of being reduced to zero, in accordance with separate account investment experience.**

**The cost of insurance rates for this policy may change. The rates currently being charged are not guaranteed, and the Company may charge the full maximum guaranteed rates.**

**Illustrations of benefits, including death benefits and cash values, are available upon request.**

## SECTION II – Owner Information

**OWNER:** ☐ Proposed Insured ☐ Trust/Business Entity ☐ Other Individual

Name of **Proposed Insured** or **Trust/Business Entity**: \_\_\_\_\_

**OTHER INDIVIDUAL INFORMATION ONLY:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Employer \_\_\_\_\_

Employer City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Position / Duties \_\_\_\_\_

Tax Bracket (%) \_\_\_\_\_ Is the Owner or a member of the Owner's household employed by or associated with a Broker-Dealer, other firm within the securities industry, or a financial regulatory agency? ☐ Yes ☐ No

Liquid Net Worth \$ \_\_\_\_\_ (Liquid Net Worth is assets that can be turned into cash quickly and easily. Include the amount of the initial premium and/or any lump sum payment for this coverage. Exclude your personal property, personal residence, real estate, business equity, home furnishings and autos.)

**PRIOR INVESTMENT**

**EXPERIENCE:** (Not Required when using the Master Application. Choose **ALL** that apply and indicate years of experience.)

☐ Certificate of Deposit \_\_\_\_\_ years ☐ Stocks \_\_\_\_\_ years ☐ Mutual Funds \_\_\_\_\_ years ☐ Money Markets \_\_\_\_\_ years  
☐ Bonds \_\_\_\_\_ years ☐ Other \_\_\_\_\_ years If Other, specify: \_\_\_\_\_

## SECTION III – Investment Objective and Risk Tolerance

Have you completed the Asset Allocation Questionnaire? ☐ Yes ☐ No If **YES**, please submit with this Supplement.  
 Choose one **Investment Objective** below (a, b, c, d, or e). Then choose one **Risk Tolerance** for that specific Investment Objective.  
 Be sure it supports the Investment Objective and your Risk Tolerance for this policy.

a. ☐ **Capital Preservation:** Seeks income and stability with minimal risk.

**Risk Tolerance:** ☐ Conservative ☐ Conservative to Moderate

b. ☐ **Income:** Seeks current income over time.

**Risk Tolerance:** ☐ Conservative ☐ Conservative to Moderate ☐ Moderate

c. ☐ **Growth & Income:** Seeks capital appreciation over long term combined with current dividend income.

**Risk Tolerance:** ☐ Conservative to Moderate ☐ Moderate ☐ Moderate to Aggressive

d. ☐ **Growth:** Seeks capital appreciation over long term.

**Risk Tolerance:** ☐ Moderate ☐ Moderate to Aggressive ☐ Aggressive

e. ☐ **Aggressive Growth:** Seeks maximum capital appreciation over time by investing in speculative and/or higher securities.

**Risk Tolerance:** ☐ Moderate to Aggressive ☐ Aggressive

## SECTION IV – Investment Allocation

Please select funding options that are appropriate for the RISK TOLERANCE and INVESTMENT OBJECTIVE indicated in Section III - Investment Objective and Risk Tolerance. Some funding options may be appropriate for more than one investment objective. For more complete information about a specific funding option, including charges and expenses, please read the prospectus carefully.

Indicate Initial Allocation in whole percentages; must equal 100%.		Funding Options	Initial Premium Allocation %
Funding Options	Initial Premium Allocation %		
Fixed Account (004)		Janus Aspen Series, Janus Portfolio, Institutional Shares (029)	
AIM Invesco V.I. Global Real Estate Fund, Series I (028)		Janus Aspen Series, Overseas Portfolio, Service Shares (122)	
AIM Invesco V.I. International Growth Fund, Series I (111)		Legg Mason Investment Counsel Variable Social Awareness Portfolio (134)	
AIM Invesco Van Kampen VI Comstock Fund, Series II (144)		MFS® VIT, Global Equity Series, Service Class (081)	
AIM Invesco Van Kampen VI Government Fund, Series II (086)		MFS® VIT, High Income Series, Service Class (082)	
AllianceBernstein VPS, Global Thematic Growth Portfolio, Class B (043)		MFS® VIT, New Discovery Series, Service Class (084)	
AllianceBernstein VPS, Intermediate Bond Portfolio, Class B (058)		MIST, BlackRock Large Cap Core Portfolio, Class A (104)	
AllianceBernstein VPS, International Value Portfolio, Class A (129)		MIST, Clarion Global Real Estate Portfolio, Class B (055)	
American Century VP, Vista <sup>SM</sup> Fund, Class I (060)		MIST, Dreman Small Cap Value Portfolio, Class A (124)	
American Funds Insurance Series®, Growth Fund, Class 2 (112)		MIST, Harris Oakmark International Portfolio, Class A (141)	
American Funds Insurance Series®, High-Income Bond Fund, Class 2 (139)		MIST, Invesco Small Cap Growth Portfolio, Class B (078)	
American Funds Insurance Series®, International Fund, Class 2 (113)		MIST, Lazard Mid Cap Portfolio, Class B (074)	
American Funds Insurance Series®, U.S. Government/AAA Rated Securities Fund, Class 2 (114)		MIST, Legg Mason ClearBridge Aggressive Growth Portfolio, Class B (054)	
Delaware VIP Trust, Small Cap Value Series, Service Class (062)		MIST, Legg Mason Value Equity Portfolio, Class A (102)	
Dreyfus VIF, International Value Portfolio, Service Shares (065)		MIST, Lord Abbett Bond Debenture Portfolio, Class A (051)	
Fidelity VIP, Asset Manager: Growth® Portfolio, Service Class (048)		MIST, Lord Abbett Growth & Income Portfolio, Class A (052)	
Fidelity VIP, Contrafund® Portfolio, Service Class (046)		MIST, Lord Abbett Mid Cap Value Portfolio, Class B (077)	
Fidelity VIP, Equity-Income Portfolio, Service Class (068)		MIST, MFS® Research International Portfolio, Class B (101)	
Fidelity VIP, Freedom 2010 Portfolio, Initial Class (115)		MIST, Morgan Stanley Mid Cap Growth Portfolio, Class A (145)	
Fidelity VIP, Freedom 2015 Portfolio, Initial Class (116)		MIST, PIMCO Inflation Protected Bond Portfolio, Class A (142)	
Fidelity VIP, Freedom 2020 Portfolio, Initial Class (117)		MIST, PIMCO Total Return Portfolio, Class A (143)	
Fidelity VIP, Freedom 2025 Portfolio, Initial Class (118)		MIST, Pioneer Fund Portfolio, Class A (138)	
Fidelity VIP, Freedom 2030 Portfolio, Initial Class (119)		MIST, T. Rowe Price Mid Cap Growth Portfolio, Class B (076)	
Fidelity VIP, High Income Portfolio, Initial Class (120)		MIST, Third Avenue Small Cap Value Portfolio, Class B (079)	
Fidelity VIP, Investment Grade Bond Portfolio, Service Class (067)		MSF, Artio International Stock Portfolio, Class A (007)	
Fidelity VIP, Mid Cap Portfolio, Service Class 2 (121)		MSF, Barclays Capital Aggregate Bond Index Portfolio, Class A (017)	
Franklin Templeton VIP, Foreign Securities Fund, Class 1 (030)		MSF, BlackRock Aggressive Growth Portfolio, Class A (009)	
Franklin Templeton VIP, Global Bond Securities Fund, Class 1(137)		MSF, BlackRock Bond Income Portfolio, Class A (039)	
Franklin Templeton VIP, Mutual Global Discovery Securities Fund, Class 2 (069)		MSF, BlackRock Diversified Portfolio, Class A (005)	
Goldman Sachs VIT, Structured Small Cap Equity Fund, Institutional Shares (071)		MSF, BlackRock Legacy Large Cap Growth Portfolio, Class A (036)	
Janus Aspen Series, Balanced Portfolio, Service Shares (072)		MSF, BlackRock Money Market Portfolio, Class A (050)	
Janus Aspen Series, Enterprise Portfolio - Service Shares (140)		MSF, Davis Venture Value Portfolio, Class A (034)	
Janus Aspen Series, Forty Portfolio, Service Shares (073)		MSF, FI Value Leaders Portfolio, Class A (040)	
		MSF, Jennison Growth Portfolio, Class A (100)	
		MSF, Loomis Sayles Small Cap Core Portfolio, Class A (035)	
		MSF, Met/Artisan Mid Cap Value Portfolio, Class B (146)	
		MSF, MetLife Aggressive Allocation Portfolio, Class B (106)	
		MSF, MetLife Conservative Allocation Portfolio, Class B (107)	
		MSF, MetLife Conservative to Moderate Allocation Portfolio, Class B (108)	
		MSF, MetLife Mid Cap Stock Index Portfolio, Class A (033)	
		MSF, MetLife Moderate Allocation Portfolio, Class B (109)	

Please select funding options that are appropriate for the RISK TOLERANCE and INVESTMENT OBJECTIVE indicated in Section III - Investment Objective and Risk Tolerance. Some funding options may be appropriate for more than one investment objective. For more complete information about a specific funding option, including charges and expenses, please read the prospectus carefully.

Indicate Initial Allocation in whole percentages; must equal 100%.		Funding Options	Initial Premium Allocation %
Funding Options	Initial Premium Allocation %		
MSF, MetLife Moderate to Aggressive Allocation Portfolio, Class B (110)		Oppenheimer Main Street Small Cap Fund®/VA, Non-Service Shares (125)	
MSF, MetLife Stock Index Portfolio, Class A (008)		PIMCO VIT Long-Term U.S. Government Portfolio, Administrative Class (135)	
MSF, MFS® Total Return Portfolio, Class B (080)		PIMCO VIT Low Duration Portfolio, Administrative Class (136)	
MSF, MFS® Value Portfolio, Class A (014)		Pioneer VCT, Pioneer Emerging Markets VCT Portfolio, Class II (126)	
MSF, Morgan Stanley EAFE® Index Portfolio, Class A (018)		Pioneer VCT, Pioneer Mid Cap Value VCT Portfolio, Class I (127)	
MSF, Neuberger Berman Genesis Portfolio, Class A (032)		Putnam VT, International Value Fund, Class IB (128)	
MSF, Neuberger Berman Mid Cap Value Portfolio, Class A (015)		Royce Capital Fund, Royce Micro Cap Portfolio - Investment Class (130)	
MSF, Oppenheimer Global Equity Portfolio, Class A (010)		Royce Capital Fund, Royce Small Cap Portfolio - Investment Class (131)	
MSF, Russell 2000® Index Portfolio, Class A (019)		The Universal Institutional Funds, Emerging Markets Debt Portfolio, Class 1 (132)	
MSF, T. Rowe Price Large Cap Growth Portfolio, Class A (016)		The Universal Institutional Funds, Emerging Markets Equity Portfolio, Class 1 (133)	
MSF, T. Rowe Price Small Cap Growth Portfolio, Class A (011)		Wells Fargo Variable Trust, VT Total Return Bond Fund (087)	

**OTHER** – Write in any available funds not listed above

Funding Options: \_\_\_\_\_

Initial Premium Allocation (%) \_\_\_\_\_

Funding Options: \_\_\_\_\_

Initial Premium Allocation (%) \_\_\_\_\_

Funding Options: \_\_\_\_\_

Initial Premium Allocation (%) \_\_\_\_\_

Funding Options: \_\_\_\_\_

Initial Premium Allocation (%) \_\_\_\_\_

## SECTION V – Other Important Owner Questions

1. Have you received a prospectus for the policy applied for?

☐ Yes ☐ No

If **YES**, please indicate:

Date of Prospectus

Prospectus Book Number

Date of any Prospectus Supplement Package

2. Did your Producer review your financial situation, risk tolerance, and investment objectives prior to completing this application?

☐ Yes ☐ No

If **NO**, please indicate on what basis this product was recommended.

3. Do you understand that:

A. The amount and duration of the death benefit may increase or decrease depending on the policy's investment return, subject to any guarantees provided by the policy?

☐ Yes ☐ No

B. There is no guaranteed minimum cash value and the cash value may increase or decrease depending on the policy's investment return?

☐ Yes ☐ No

4. Do you believe that this policy and the funding options you have selected will meet your insurance needs and financial objectives?

☐ Yes ☐ No

5. If funding options selected do not reflect the risk tolerance in Section III – Investment Objective and Risk Tolerance, please explain

☐ Yes ☐ No

SERFF Tracking Number:	METD-126533501	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company	State Tracking Number:	45860
Company Tracking Number:	EMASBR-62-10 - MET		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	SBR Application for Life Insurance		
Project Name/Number:	SBR Applications /EMASBR-62-10		

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b>		
AR Readability Cert-Met.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Certification of Compliance		
<b>Comments:</b>		
<b>Attachment:</b>		
AR Certification-Met.pdf		

## State of Arkansas

### Readability Certification

Pursuant to Bulletin 14-79 and Arkansas Statute Annotated § 23-80-206 to § 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act, the Flesch Readability Ease Test has been applied to the following forms.

Form Number(s)	Flesch Score(s)
EMASBR-62-10	51.2
ENBSBR-63-10	57.7
EMEDSBR-64-10	60.1



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Karen Johnson, Vice President

6/1/2010

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Date

Metropolitan Life Insurance Company  
200 Park Avenue, New York, NY 10166

## State of Arkansas

### Certification

We certify compliance with Rule and Reg. 19 s 10 and all other applicable requirements of the Arkansas Insurance Department.



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Karen Johnson, Vice President

6/1/2010

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Date